Officehology, Candidate, and Controlled Committee Campaign Statement — Long Form (Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE Check one of the following boxes to indicate the type of statement being filed: Pre-election Statement Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.) Special Odd-Year Campaign Report Semi-annual Statement Termination Statement (Attach a completed Form 415 to this statement.) Officeholder, Candidate, and Controlled Committee Included in this Statement NAME OF OFFICEHOLDS AGRICANDIDATE	Statement covers period from ANACY 195 through June 20 95 through June 30 95 Through June
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	COMMITTEE NAME I.D. NUMBER
AESTOENTIAL ON BUSINESS ADDRESS (NO. AND STREET)	NAME OF TREASURFA CONTROLLED COMMITTEE?
COMMITTEE NAME CA 95010 (204) 940-1 COMMITTEE NAME	NE COMMITTEE ADDRESS (NO. AND STREET) 2-1730 CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
1502 Keagle Dr.	
NAME OF TREASURER MATI	COMMITTEE ADDRESS (NO. AND STREET)
PERMANENT ADDRESS OF TREASURER (NO. AND STREET) TO DO T CHES TOT CLE CITY STATE 2P CODE ANA CODE/DAYTIME PHONE	CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
LODI CA 95240 (204) 334 349-	Attach additional information on appropriately labeled continuation sheets.
III Verification I have used all reasonable diligence in preparing this statement. I have reviewed the statement true and complete, I certify under penalty of perjury under the laws of the State of California the Executed on 77795 At OO CHARD STATE	ent and to the best of my knowledge the information contained herein and in the attached schedules is a that the foregoing is true and correct. By William Bir Signature of Treasurer SIGNATURE OF TREASURER
reasonable diligence in preparing this statement. I have reviewed the statement and to the best complete. I certify under penalty of perjury under the laws of the State of California that the for Executed on 77795 At Loo	- Landellannus
Executed on At	SIGNATURE OF CANDIDATE/OFFICEHOLDER SIGNATURE OF CANDIDATE/OFFICEHOLDER
Executed on DATE CITY AND STATE	By SIGNATURE OF CANDIDATE/OFFICEHOLDER

State of California Fair Political Practices Commission

Campaign Disclosure Statement		Type or print in ink. Amounts may be rounded		SL AARY PAG
Summary Page		to whole dollars.	Statement covers period	CARROLLIA A ON
			from January 1, 95	(Baseso) (B. Sept. V
			7 20 05	2 2
SEE INSTRUCTIONS ON REVERSE			through June 30, 95	Page of
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE				I.D. NUMBER
Bullip A. Pennino - Committee	f o	Elect Philly	o Pennino	902421
Contributions' Received		Column A	Column B*	Column C
:		TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	TOTAL TO DATE (ADQ COLUMNS A + B)
1. Monetary Contributions Schedule A, Line	3 \$ _	<u> </u>	s	s <u>Q</u>
2. Loans Received Schedule B, Line		<i>(6</i>)	<i>'</i> ,	Ø
3. SUBTOTAL CASH CONTRIBUTIONS Add Unes 1 +		7	. 6	, 0
	_		7	·
4. Non-monetary Contributions Schedule C, Line		X .		, X
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) Add Lines 3 +	4 S _		, ———	,
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	, -	Q	<u> </u>	<u> </u>
7. TOTAL CONTRIBUTIONS RECEIVED Add Lines 5 +	6 S _	<u> </u>	s s	sQ
Expenditures Made		\	\	
8. Cash Payments (Other than Loans Made) Schedule E, Line	5 \$ _	<u>Ø</u>	s	sQ
9. Loans Made Schedule H, Line	7 _	<i>\</i>	<u> </u>	
10. SUBTOTAL CASH PAYMENTS Add Lines 8 +	9 \$ _	<i>\</i>	s	sQ
11. Accrued Expenses (Unpaid Bills) Schedule F, Une	5	7	<i>———</i>	0
12. TOTAL EXPENDITURES MADE		8	. 8	s (O)
Current Cash Statement		83546		
13. Beginning Cash Balance Previous Summary Page, Line 1	17 \$	030-	* From previous Statement Summa	ry Page, Column C. However, if

4. Cash Receipts Column 5. Miscellaneous Increases to Cash	umn A, Line 3 above Schedule I, Line 4	<u> </u>	this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).		
6. Cash Payments	mn A, Line 10 above hen subtract Line 16 _ <	835 46	Summary for C	Candidates in Botl	n lune and
If this is a termination statement, Line 17 must be zero.		ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT	November Elec		7/1 to Date
8. LOAN GUARANTEES RECEIVED Schedule i	B, Part I, Column (b) \$_	Ø	21. Contributions Received		<u>Ø</u>
ash Equivalents and Outstanding Debts 9. Cash Equivalents See Ins 0. Outstanding Debts		<i>\phi</i>	22. Expenditures Made	s	Φ_
0. Outstanding Debts Add tine 2 + tine 11	in Column Cabove \$ _				